

# Kansas Behavioral Health Risk Bulletin



## Kansas Department of Health and Environment



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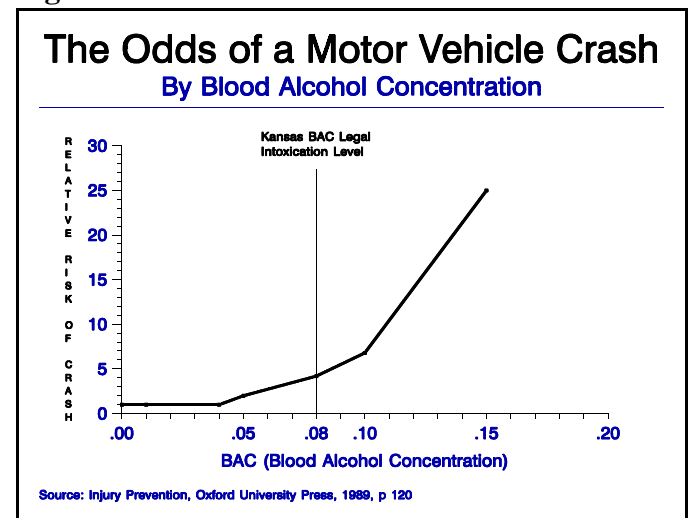
## Alcohol Use in Kansas

In the United States approximately one-third of Americans drink 95% of the total alcohol consumed each year; while a mere 5% drink 50% of all the alcohol consumed annually<sup>1</sup>. In Kansas, alcohol contributes to approximately 1 death in 20<sup>2</sup>. Alcohol is involved in almost half of all deaths caused by motor vehicles crashes and fatal intentional injuries such as suicides and homicides; in addition, the victims in one-third of all homicides, drownings, and boating deaths were intoxicated<sup>2</sup>. Alcohol is the most common cause of cirrhosis in the United States. In 1990, chronic liver disease, including cirrhosis, was the twelfth leading cause of death in Kansas, causing approximately the same number of deaths as homicide. Alcohol use during pregnancy is the leading preventable cause of birth defects<sup>2</sup>.

Alcohol potentially affects every organ in the body, and can lead to a variety of chronic health consequences. Premature mortality from all causes is elevated among alcoholics<sup>2</sup>. Liver disease, including cirrhosis, is the leading cause of death among alcoholics<sup>2</sup>. Alcohol abuse increases a person's risk of developing high blood pressure, exacerbates diabetes, and can cause permanent brain damage<sup>2</sup>. Alcohol abuse is associated with increased risk of developing cancer of the liver, esophagus, nasopharynx, and larynx; and has been linked to cancers of the stomach, large bowel, and female breast<sup>2</sup>. Chronic alcohol use can lead to degeneration of the heart and skeletal muscle<sup>2</sup>. Three-fourths of the people who develop pancreatitis are heavy drinkers<sup>2</sup>. Problems associated with drinking during pregnancy include fetal alcohol syndrome (FAS), low birthweight, congenital birth defects, and impaired development of the child.

Even small amounts of alcohol can impair judgement and coordination, with a resulting increased risk of injuries and deaths from motor vehicle accidents, suicides, homicides, drownings, and falls. Very heavy alcohol consumption on a single occasion can result in alcohol poisoning, which can be fatal. Alcohol use may also lead to sexual risk taking resulting in unwanted pregnancies and sexually transmitted diseases, such as AIDS<sup>2</sup>.

Figure 1



Alcohol is involved in approximately 20% of motor vehicle crashes involving serious injury and 50% of all fatal crashes<sup>1</sup>. Blood alcohol concentration (BAC) is the standard measure of intoxication. At .08% BAC (the Kansas definition of legal intoxication) a driver's risk of being involved in an accident is 4 times greater than a sober driver's risk<sup>1</sup> (Figure 1).

In 1993, the Kansas Department of Health and Environment, Bureau of Chronic Disease and

Health Promotion, conducted the BRFSS (Behavioral Risk Factor Surveillance System) survey to assess the prevalence of health behaviors among adult Kansans (aged 18 and older) through a random digit-dialed telephone interview. Respondents were asked "During the past month have you had at least one drink of any alcoholic beverage?". Those who answered yes were asked how many times they had drank at least one alcoholic beverage during the past month, how many drinks they drank on average during the past month, how many times during the past month they had consumed at least 5 drinks on an occasion, and how many times had they driven when they had too much to drink during the past month.

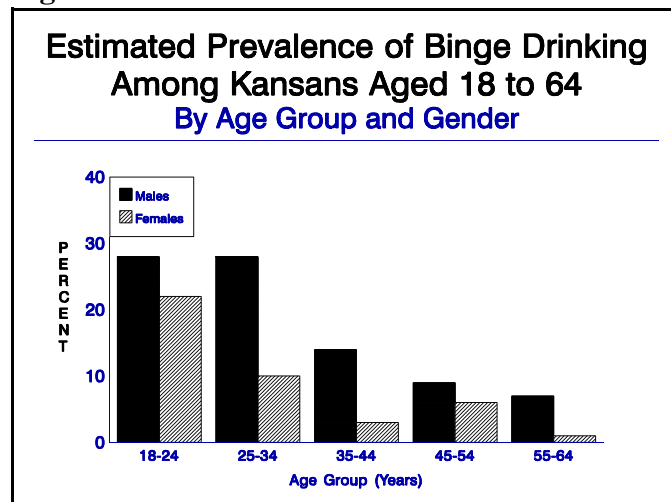
This bulletin examines alcohol abuse in Kansas, interventions to reduce alcohol abuse, and the Healthy Kansans 2000 goals related to alcohol. In this bulletin, binge (acute) drinking will be defined as having 5 or more drinks on an occasion, one or more times during the past month. Chronic drinking is defined as having an average of 60 or more drinks in the past month. Drinking and driving is defined as having driven after having too much to drink, one or more times during the past month. Alcohol abuse is defined as engaging in one or more of the three alcohol use patterns defined above.

**Overall:** According to the 1993 BRFSS survey, 44% of Kansans had at least one drink during the past month. Eleven percent of Kansans reported binge drinking, 2% reported chronic drinking, and 3% reported drinking and driving during the past month.

## Binge (Acute) Drinking

**Age Group and Gender (Figure 2):** Men have much higher rates of binge drinking (15%) than women (6%). Binge drinking is most common among 18 to 24 year olds (25%) and decreases with advancing age. Men 18 to 34 years old (28%) and women aged 18 to 24 (22%) are most at risk.

**Figure 2**



**Marital Status:** Binge drinking is most common among never married Kansans (27%) and divorced or separated Kansans (15%). Married (7%) and widowed Kansans (1%) are less likely to be binge drinkers.

**Income:** Binge drinking prevalence, among Kansans aged 25 and older, is highest among Kansans with household incomes of \$10,000 to \$14,999 (14%) and generally decreases with increasing income. Kansans with household incomes of more than \$50,000 have the lowest prevalence of binge drinking (6%).

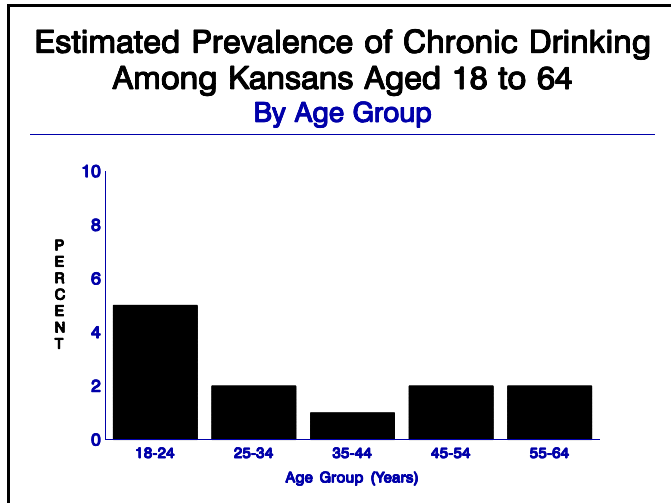
**Education:** Among Kansans aged 25 and older, binge drinking was more common among those with high school degrees (10%) or some college (10%), than among college graduates (6%) and Kansans with less than a high school degree (7%).

## Chronic Drinking

**Age Group and Gender (Figure 3):** Men have a higher prevalence of chronic drinking (3%) than women (1%). Kansans aged 18 to 24 have the highest prevalence of chronic drinkers (5%); however, chronic drinking among Kansans aged 25 and older is less than 2%.

**Marital Status:** Chronic drinking is more prevalent among never married Kansans (5%), while, 1% or less of Kansans in the other marital

Figure 3



categories are chronic drinkers.

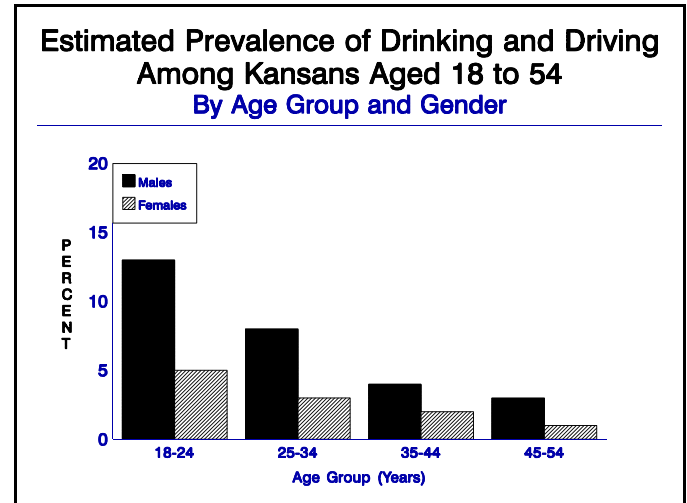
**Income:** Among Kansans aged 25 and older, the prevalence of chronic drinking is highest among Kansans with household incomes of less than \$10,000 (4%). Chronic drinking among all other income levels is less than 1%.

**Education:** The frequency of chronic drinking, among Kansans aged 25 and older, is slightly higher among Kansans with a high school degree (2%) than among the other educational categories (1% or less).

## Drinking and Driving

**Age Group and Gender (Figure 4):** Men reported drinking and driving (5%) more often than women (2%). Kansans aged 18 to 24 are much more likely to drink and drive (9%) than other age groups (5% or less). The prevalence of drinking and driving decreases with advancing age.

Figure 4



**Marital Status:** Drinking and driving prevalence is higher among never married (11%) and divorced or separated Kansans (6%), than among married or widowed Kansans (1% or less).

**Income:** Among Kansans aged 25 and older, the frequency of drinking and driving is highest among those whose household income is between \$10,000 and \$34,999 (3%). Among the other income groups the prevalence of drinking and driving remains stable (1%).

**Education:** Among Kansans aged 25 and older, drinking and driving is most common among Kansans with a high school degree (3%) and Kansans with some college (3%). College graduates have the lowest prevalence of drinking and driving (1%).

**Conclusions:** The following conclusions based upon the data can be obtained:

- \* Males are much more likely to abuse alcohol than females.
- \* Alcohol abuse is highest among Kansans aged 18 to 24.
- \* Never married Kansans have higher alcohol abuse rates.
- \* Alcohol abuse, among those aged 25 and older, is more prevalent among Kansans without a college degree.
- \* Among those aged 25 and older, chronic drinking was most prevalent among Kansans

with household incomes of less than \$10,000. Binge drinking and drinking and driving are most common among Kansans with household incomes of \$10,000 to \$34,999.

**Recommendations:** The following recommendations are offered to increase the responsible use of alcohol among Kansans:

1. Provide alcohol education programs and counseling/referral services to all primary and secondary school children.
2. Strengthen and enforce policies to reduce access to alcoholic beverages by underage persons, and tougher penalties for those who sell alcohol to minors.
3. Use the media to provide messages to the general public about the potential consequences of irresponsible alcohol use; especially targeted at people under 30 years of age.
4. Implement a comprehensive plan to improve access to appropriate alcohol treatment programs for populations at increased risk.
5. Support legislation mandating zero BAC for those under age 21 with administrative license revocation for offenders.

**Healthy Kansans 2000 Objectives (Table 1):** Healthy Kansans 2000 objectives related to alcohol use are:

1. Reduce the cirrhosis age-adjusted death rate to 4.4 per 100,000 Kansans.

2. Reduce cirrhosis-related hospital admissions to 10 per 100,000 Kansans.
3. Reduce alcohol dependence-related hospital admissions to 99 per 100,000 Kansans.
4. Reduce the alcohol-related motor vehicle crash age-adjusted death rate to 4.6 per 100,000 Kansans.

**Table 1: Alcohol-Related Objectives**

	Kansas Baseline	Healthy Kansans 2000 Objective
Cirrhosis Age-Adjusted Death Rate/100,000 Kansans	5.4 (1990)	4.4
Cirrhosis-Related Hospital Admissions/100,000 Kansans	12.8 (1992)	10.0
Alcohol Dependence-Related Hospital Adm./100,000 Kansans	126.0 (1992)	99.0
Alc.-Related Mo. Veh. Age-Adj. Death Rate/100,000 Kansans	6.6 (1991)	4.6
Alc.-Related Mo.Veh. Crash Death Rate/100,000 (Aged 15-24)	14.9 (1991)	12.0
Alc.-Related Mo. Veh. Crash Injury Rate/100,000 Kansans	133.6 (1991)	110.0

5. Reduce the alcohol related motor vehicle crash death rate to 12 per 100,000 for Kansans (aged 15-24).
6. Reduce the alcohol-related motor vehicle crash crude injury rate to 110 per 100,000 Kansans.

**References:**

- 1 The National Committee for Injury Prevention and Control. *Injury Prevention: Meeting the Challenge*. New York, NY: Oxford University Press, 1989.
- 2 Dufour MC, Noble JA, Stroup NE. Alcohol Use. IN: Brownson RC, Remington PL, Davis JR, eds. *Chronic Disease Epidemiology and*



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- Control*. APHA, Baltimore, MD: Port City Press, 1993:pp 257-284.
- 3 *Healthy People 2000, National Health Promotion and Disease Prevention Objectives*. Washington, DC: Dept. of Health and Human Services, Sept. 1990: DHHS publication 91-50212.

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